



## Working Well New Jersey Fitness Challenge & Walk Registration Form

Name\_\_\_\_\_

Department\_\_\_\_\_

Work Address\_\_\_\_\_

Work Telephone Number\_\_\_\_\_

Emergency Telephone Number\_\_\_\_\_

**Please Check One:**

☐ Walk      ☐ Fitness Challenge      ☐ Both

Accommodations Required? Please Explain:

\_\_\_\_\_

### **Waiver and Release of Liability**

*I wish to participate in the Working Well New Jersey Fitness Challenge and Walk program. I acknowledge and affirm the following:*

- 1. My participation in this program is voluntary and for my own personal benefit. Participation in this program is not a condition of my employment and is not within the scope or course of my employment.*
- 2. I understand that participation in this program may involve risk of injury, including but not limited to the normal risks of beginning an exercise program and the normal risks of walking.*
- 3. I understand the dangers and inherent risks of participating in this program and fully assume all risk of injury that may occur. I agree to discharge and release the State of New Jersey, its agents, servants and employees from any and all liability, claims, causes of action or demands of any kind whatsoever that may arise by or in connection with my participation in any activities related to this program.*
- 4. I understand that my State of New Jersey Employee Identification must be in my possession, at all times, during the October 6, 2006 Walk. (Rain date: October 13, 2006)*
- 5. I acknowledge it has been recommended that I consult with a physician concerning my participation in this program. I have either consulted with a physician or acknowledge that I have decided to participate in this program without obtaining the advice of a physician.*
- 6. I give my full permission for Working Well New Jersey and its partners to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this program.*

*By signing below, I acknowledge that I have read this Waiver and Release of Liability and understand the terms and conditions thereof.*

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Date

***(Return this form to your WWNJ Executive Committee Member by October 6, 2006.)***